## Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

<b>ADMINISTRATIVE</b>	PROCEDURES	NOTICE FILING
	FNUCLUUNLS	INCHINE FILING

ADMINISTRATIVE PROCEDURI	S NOTICE FILING	•					
AGENCY NAME Division of Medicaid		CONTACT PERSON Kristi Plotner	E .	TELEPHONE NUMBER 601-359-6698			
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	2IP 39201		
EMAIL SUBMIT		Name or number of rule(s):					
Kristi.plotner@medicaid.ms.gov DATE 02/29/2012		DOM Compilation Part 211					
Short explanation of rule/amendmen	nt/repeal and reason	(s) for proposing rule/amendm	ent/repeal: R	equired comp	ilation in		
accordance with Administrative Procedures Act Rule 3.2. No substantive changes have been made to these rules.							
Specific legal authority authorizing the promulgation of rule: Miss Code Ann. §75-71-605(a)(1)							
List all rules repealed, amended, or suspended by the proposed rule: None							
ORAL PROCEEDING:							
An oral proceeding is scheduled f	or this rule on Dat	e: Time: Place:	<del></del>				
Presently, an oral proceeding is n	ot scheduled on this	rule.					
If an oral proceeding is not scheduled, an oral ten (10) or more persons. The written request notice of proposed rule adoption and should it agent or attorney, the name, address, email accomment period, written submissions includin ECONOMIC IMPACT STATEMENT:	should be submitted to a nolude the name, address adress, and telephone nu	the agency contact person at the above , email address, and telephone numbe mber of the party or parties you repres	e address within to r of the person(s ent. At any time	wenty (20) days : ) making the requ within the twent	after the filing of this est; and, if you are an y-five (25) day public		
Economic impact statement not r	equired for this rule	Concise summary of ec	conomic impa	ct statement	attached.		
TEMPORARY RULES	PROPO	SED ACTION ON RULES	FINAL ACTION ON RULES				
Original filing	Action propo		Date Proposed Rule Filed: 02/03/2012 Action taken:				
Renewal of effectiveness  To be in effect in days	New I	rule(s) idment to existing rule(s)	X Adopted with changes in text		=		
Effective date:		of existing rule(s)		Adopted with changes Adopted by reference			
Immediately upon filing		tion by reference	Withdrawn				
Other (specify):	1 -	al effective date: ys after filing	Repeal adopted as proposed Effective date:				
		(specify):	30 days after filing				
Printed name and Title of person authorized to file rules; David J. Dzielak, Rh.D., Executive Director							
Signature of person authorized to		ules: David J-Dzielak, Rh.D.,	Executive D	irector			
Signature or person authorized to							
OFFICIAL FILING STAMP		WRITE BÉLOW THIS LINE	OF	FICIAL FILING	STAMP		
		i					
Accepted for filing by	Accepted fo	r filing by	Accepted for filing by				

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.